

South Carolina Department of Social Services
BASIC LEARNING DISABILITY SCREENING

Client's Name: _____

How many years of schooling have you had? _____

Check all earned: ☐ High School Diploma ☐ GED ☐ Technical/Vocational Certificate ☐ AA Degree

☐ Other: (Specify) _____

Did you ever **repeat** a grade in school? ☐ Yes ☐ No

Were you in **special education** classes in school? ☐ Yes ☐ No

Do you have **trouble** learning or remembering new information? ☐ Yes ☐ No

Did you receive any **extra** help in school? ☐ Yes ☐ No

Do you have any **impairment/problems** that prevent you from working? ☐ Yes ☐ No

INSTRUCTIONS FOR DSS FORM 1320

Purpose:

This form is used by the Eligibility Specialist to screen A/Rs for a learning disability according to ADA requirements.

Instructions:

The ES should read the questions to the A/R and record the responses. Based on the responses, the A/R may need additional assistance in the application process.